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CONFIRMATION NO. 6585

<b>SERIAL NUMBER</b> 10/753,280	<b>FILING OR 371(c) DATE</b> 01/09/2004 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 12,575	
<b>APPLICANTS</b> John P. Hely, Oxnard, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/14/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Handwritten signature</i> Examiner's Signature <i>CP</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Mr. William W. Haefliger Suite 512 201 S. Lake Ave. Pasadena, CA91101					
<b>TITLE</b> Self tightening, ankle brace					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		